

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90192 005 ****61.25

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DOCUMENT # N97000003740

1. Entity Name

THE LAW OF THE HARVEST MINISTRIES, INC.



Principal Place of Business

**7230 GRAY FOX DRIVE
CUMMING GA 30040**

Mailing Address

**7230 GRAY FOX DRIVE
CUMMING GA 30040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0766808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TAYLOR, KEITH R ESQ.
530 S SUNCOAST BLVD
CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

Name **Keith R. Taylor**

Street Address (P.O. Box Number is Not Acceptable)

1143 N. Lyle Ave.

City

Crystal River,

FL

Zip Code

34429

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BABRICK, KENNETH**
STREET ADDRESS **6256 WINDING LAKE DRIVE**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **DST** ☐ Delete
NAME **BABRICK, HOLLY**
STREET ADDRESS **6256 WINDING LAKE DRIVE**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **DVP** ☐ Delete
NAME **BAILEY, STANLEY**
STREET ADDRESS **12350 BROADLEAF COURT**
CITY-ST-ZIP **ALPHARETTA GA 30202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **Babrick, Kenneth**
STREET ADDRESS **7230 Gray Fox Drive**
CITY-ST-ZIP **Cumming, GA 30040**

TITLE **DST** ☒ Change ☐ Addition
NAME **Babrick, Holly**
STREET ADDRESS **7230 Gray Fox Drive**
CITY-ST-ZIP **Cumming, GA 30040**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Holly Babrick **REQUIRED** **Holly BABRICK APRIL 14 2003** **678 455 4343**

CR2E037 (10/02)